

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2407

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 376	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION 350a Blase Ave.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) St. Louis d. STREET ADDRESS (If rural, give location) 350a Blase Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Violet b. (Middle) Martina c. (Last) Cashion		4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1951		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec. 28, 1870		9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Perryville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Blaylock		13b. MOTHER'S MAIDEN NAME Martha Kelly	
14. NAME OF HUSBAND OR WIFE Chas. R. Cashion		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Marion Henson	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumococcal Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left Ventricular Cardiac failure DUE TO (c) Cardio-Vascular-Renal Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History of prev. Card. ailments 50 years ago.		20. INTERVAL BETWEEN ONSET AND DEATH 6 wks 50 yrs ?? 6 mo.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? HH2K			
22. I hereby certify that I attended the deceased from 11-27, 1950, to 1-12, 1951, that I last saw the deceased alive on 1-12, 1951, and that death occurred at 4 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Julian D. Tussey M.D.		23b. ADDRESS 8321 No. Broadway St. Louis, Mo.		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-13-51		24c. NAME OF CEMETERY OR CREMATORY Herculeaneum Cem.		24d. LOCATION (City, town, or county) (State) Herculeaneum, Missouri	
25. FUNERAL DIRECTOR'S SIGNATURE San J. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Vinyard Funeral Home		25. FUNERAL DIRECTOR'S SIGNATURE Pestus, Mo.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed

J. M. B. Binkley

Student Embalmer No.....

Licensed Embalmer No. 3657

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.